2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 09, 2007 Secretary of State

Entity Name: REDEEMING FAITH & ANOINTING MINISTRIES, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 918 SE WILLISTON RD GAINESVILLE, FL 32601 **Current Mailing Address: New Mailing Address:** P.O. BOX 6043 GAINESVILLE, FL 326276043 FEI Number: 59-3431578 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSOBA, TERESA 6118 SW 63RD LANE GAINESVILLE, FL 32608 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OSOBA, BABAJIDE Name: Name: 6118 SW 63RD LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WATTS, KENNETH Name: Address: 345 CROTON DRIVE Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: () Change () Addition OSOBA, TERESA Name: Name: 6118 SW 63RD LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ALFORD, KIMBERLY Name: COLLINS, JENAI 620 SW 4TH STREET Address: 811 NE 24TH STREET Address: City-St-Zip: GAINESVILLE, FL 32641 City-St-Zip: GAINESVILLE, FL 32601 Title: () Delete Title: () Change () Addition POLKE, CLARENCE Name: Name: 103 SOUTH FRANKLIN AVENUE Address: Address: City-St-Zip: ARCHER, FL 32618 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA OSOBA D 04/09/2007